



PETERBOROUGH JOINT EDUCATION BOARD

ANNUAL REPORT of the SCHOOL MEDICAL OFFICER
FOR THE YEAR 1951

GEORGE NISBET, M.B., Ch.B. (Ed.), D.P.H., R.C.S. (Ed.).

STAFF

School Medical Officer	— George Nisbet, M.B., Ch.B. (Ed), D.P.H., R.C.S. (Ed).
Deputy School Medical Officer	— Donald G. Crawshaw, M.B., D.C.H., D.P.H. (resigned 30.11.51)
Senior School Dental Officer	— Thomas Henry Roberts, L.D.S.
School Dental Officer	— Vacant.
School Nurses	— Mrs. L. Young, S.R.N., R.F.N. Mrs. S. A. Coward, S.R.N., B.T.A. Miss A. V. Sydee, S.R.N., S.C.M.
Speech Therapist	— Miss Sylvia Halley, L.C.S.T.
Dental Attendant	— Miss Eleanor B. Allen.
Chief Clerk (School Health Dept)	— J. J. Dunford.

CONSULTANT STAFF

The services of the following consultants have been made available during the year by arrangement with the East Anglian Regional Hospital Board :—

Consultant Ear, Nose, and Throat Surgeon	— A. A. Finlayson, M.B., Ch.B., F.R.C.S. (Ed.).
Consultant Paediatrician	— G. H. Valentine, M.B., Ch.B., M.R.C.P.
Consulting Ophthalmic Surgeon	— G. M. Barling, M.B., D.O.M.S.

Ladies and Gentlemen,

The school medical service has run smoothly and efficiently during the year, and I am pleased to say that there has been no illness among the staff, such as occurred in 1950.

Premises for the school medical service and ancillary services, such as the speech therapy service, continue to be difficult, in the Town Hall Clinic. The room for the Speech Therapist, which is also my consulting room during Minor Ailments Clinic hours, is really not suitable at all in hot weather, being badly ventilated. I do feel the Committee will have to give consideration to this point, though I appreciate the great difficulties involved.

I have, however, on two occasions been badly shaken when I have been asked to examine infants before an open fireplace without a fireguard.

I see at my inspections the results of many burns in children. That the law is not more strongly enforced, not only in the homes of children, but in any room where children may visit, is a matter which causes me much misgiving.

Too often sympathy for the parents of burnt or scalded children tends to influence unduly as to whether or not proceedings should be taken against the parents who have failed to take this care, thereby not bringing the law on the subject before the public eye.

All have co-operated with me in a most friendly fashion, and I cannot speak too highly of my staff.

[illegible]

Average number of children on registers of Primary Schools during 1951	5,421
Average number of children on registers of Secondary Modern Schools during 1951		1,907
Average number of children on registers of Grammar Schools during 1951	1,198
	Total	8,526

													37
Primary	7
Secondary Modern	3
Grammar	2
Nursery	0
Open-air	0
										Total		49

MEDICAL INSPECTION

I append details of school medical inspections carried out during the year 1951, and, for comparison, figures for 1950 and 1949.

	1951	1950	1949
Entrants	1321	1025	562
Second Age Group	790	719	557
Third Age Group	733	942	533
Total Routine Inspections	2844	2686	1652
Number of Special Inspections	106	116	79
Number of Re-inspections	239	154	348
Total	345	270	427
Grand total	3189	2956	2079

It will be noted that the total number of medical inspections carried out in 1951 exceeded three thousand, and that the number of routine medical examinations exceeded last year's total by 158.

Routine medical examinations were carried out in all the schools during the year, with the exception of Helpston Primary School, where difficulty was experienced in obtaining suitable accommodation for carrying out medical inspection. This difficulty has now been overcome and a medical inspection of the children attending Helpston School was carried out early in 1952.

Except for re-inspections, I therefore report that the statutory school medical inspections are now up-to-date. On the subject of re-inspections, the ideal is that children with defects should be examined every six months. This ideal is impossible to attain with the present medical establishment. I endeavour to follow up all major defects and, with the assistance of the school nursing staff, check whether recommended remedial measures are being carried out on all minor defects. Therefore, while the number of special re-inspections may appear low, these do not really show the true state of the follow-up of minor defects. In that the family practitioner or the hospital consultant has, in all cases, been informed of the defects found, I do feel that, to call for a higher establishment of School Medical Officers, because of one's inability to carry out large numbers of routine re-inspections, is one which I cannot, at the moment, support.

The method of re-inspection, elsewhere often performed without the parents being invited to attend, is one which I feel fails because the opportunity to give advice and to carry out what might be termed 'health education' is largely lost. With the nurses checking the defects, and, if necessary, consulting the school doctor, who may or may not write to the family practitioner, and by the nurses calling at the home, then I feel more than satisfied.

FINDINGS OF MEDICAL INSPECTION

DISEASES AND DEFECTS

Of the 2,844 children examined at the periodic medical inspections, 661 were found to be suffering from a disease or defect, (other than dental diseases and infestation with vermin). This represents 23.2% of all pupils inspected, compared with a percentage of 24 last year, and 15.9% in 1949.

The following Table shows the number of pupils inspected, and the number found to require treatment in the various age groups. (The figures in brackets refer to 1949).

Age group	Number of children :—		
	Inspected	Requiring Treatment	Percentage
Entrants	1,321 (1025)	380 (294)	28.7 (28.6)
Second Age Group	790 (719)	150 (157)	19.0 (21.8)
Third Age Group	733 (942)	131 (196)	17.8 (20.8)
Total	2,844 (2686)	661 (647)	23.2 (24.0)

It will be noted that, as usual, the highest percentage of children found to require treatment occurred among the Entrants, and the lowest was found in the Third Age Group or "Leavers". This is, of course, accounted for by the fact that by the time a child is ready to leave school, defects such as enlarged tonsils and adenoids, defective vision, orthopaedic defects, etc. should normally have been treated.

Reference to Table II in the Appendix shows that eye defects, orthopaedic conditions, and nose and throat defects account for as many as 75.5% of the total defects found at routine medical inspections, viz :—

						1950
Eye Defects	....	....	....	173	26.1%	(28.2%)
Nose and Throat	....	....	....	167	25.2%	(18.8%)
Orthopaedic Defects	....	....	....	160	24.2%	(23.4%)
Total	....	....	....	500	75.5%	(70.4%)

The total percentage is slightly higher than in 1950 and 1949.

GENERAL CONDITION

Children are now classified under three categories, viz :—

- A—Good
- B—Fair
- C—Poor

Each child examined in the routine age groups is assessed under one of these headings.

The following Table shows the classification of pupils examined at routine inspections during 1951, and for purposes of comparison, a Table showing the classification of children examined in 1950 is also appended :—

1951							
Age Group	Number of Pupils Inspected	A		B		C	
		Good	%	Fair	%	Poor	%
Entrants	1321	773	58.5	426	32.3	122	9.2
Second Age Group	790	388	49.0	372	47.0	30	4.0
Third Age Group	733	472	64.3	209	28.6	52	7.1
Total	2844	1633	57.4	1007	35.4	204	7.2

1950							
Age Group	Number of Pupils Inspected	A		B		C	
		Good	%	Fair	%	Poor	%
Entrants	1025	602	58.7	367	35.8	56	5.5
Second Age Group	719	364	50.6	326	45.4	29	4.0
Third Age Group	942	532	56.5	362	28.5	48	5.1
Total	2686	1498	55.7	1055	39.3	133	5.0

SCHOOLS MEALS SERVICE

A Cooking Depot for school meals is established in Shakespeare Avenue, Peterborough, and at the end of the year supplied a daily average of 1294 school meals.

School Canteens are in operation at the following schools :—

	Daily average
Village College, Glinton	294
Barnack	90
Eye	147
Glinton Primary	83
Helpston	80
Thornhaugh	35
County Grammar	269
Cromwell Road	273
Deacons	158
Dogsthorpe/Newark	194
Fulbridge	186
New Fletton/Woodston	70
St. Marks	187
Woodston	106
Total	2,172

(The daily average includes meals supplied to teachers).

In 1950, the daily average was 1701.

The Schools Meals Organiser gives the number of meals supplied to school children on a typical day during the month of December, 1951, as follows :—

(a)	City schools from Cooking Depot	....	....	1,130
(b)	City schools from own Canteens	....	....	1,429
(c)	Rural schools from Cooking Depot	....	....	121
(d)	Rural schools from own Canteens	....	....	714
				Total
				3,394

37.43% of the children in attendance at schools in the area were having school meals at the end of the year, compared with 32.67% at the end of 1950.

CLEANLINESS

The three school nurses carried out a total of 23,433 examinations for cleanliness in the schools during the year 1951, compared with a total of 27,812 inspections carried out in 1950, and 25,376 in 1949. The total number of individual pupils examined in 1951 was 6,791, and the total number of individual pupils found to be infested with vermin was 207 or 3.0%, compared with 271 in 1950, and 386 in 1949, which shows a further improvement in the cleanliness of the children in the area. Cleansing orders were issued in respect of 81 children.

The number of persistent offenders is gradually decreasing, although there is still a small number against whom it may be necessary to take legal action. The school nurses visit the homes of children who are grossly verminous, the children are required to come to the School Clinic for cleansing, and, in a number of cases, severe warning letters have been sent to the parents. A considerable number of the persistently verminous children belong to "problem" families, or to families comprising as many as 13 children. As the children get older, the school medical officers and school nurses do all they can to persuade them to take a pride in their appearance, and, in the case of girls, the hair is washed, shampooed and even hair ribbons are provided (at the expense of the nurses) with a view to obtaining the co-operation of the children, when such co-operation is lacking in the part of their parents. Quite often, a verminous child is a lonely child, being ostracized by other children in the school, and labelled by them as "lousy" and even stronger adjectives. It is a great pity that the parents of these unfortunate youngsters do not realize what psychological harm they are doing to their children by not sending them to school in a clean condition.

FOLLOWING-UP

The following up of children found to be suffering from defects or diseases is undertaken by visits to the homes by the school nurses and by re-examinations—either in the school or at the School Clinic—by the medical staff and the school nurses.

I am anxious that the school nursing service shall play an important part in the scheme for medical inspection and treatment of the school population, co-ordinating their work among the school children with that of the health visitors of the Local Health Authority. Great importance is therefore placed upon home visits by the school nurses in order to encourage and, if possible, assist the parents in obtaining proper attention for their children, and giving advice where necessary.

Liaison with the majority of specialists at the hospital is of a high order and assistance in many ways can be rendered. For example, when a parent fails to take the child to the hospital for an eye or ear examination, (and it is surprising how frequently, without notifying the hospital authorities previously of inability to attend, these appointments are not kept), a school nurse follows up, enquiring the reason and stressing attendance at a future appointment.

TREATMENT OF DEFECTS

Table II of the Statistical Summary in the Appendix of this Report details the defects found at the routine inspections, and Table IV deals with defects treated.

MINOR AILMENTS

A Minor Ailments Clinic is held at the School Clinic premises, Town Hall, Peterborough each Monday morning, and, if necessary, on other days, when I personally take charge of the Clinic. A school nurse attends to treat minor ailments on other mornings between 9 and 10, and between 4 and 5 o'clock in the afternoons, when, of course, I am available to see children considered by the nurses to require my attention or advice.

I append details of the minor ailments treated during the year :—

Minor Ailment							<i>No. of defects treated</i>
Scabies	....	....	....	....	....	....	17
Impetigo	....	....	....	....	....	....	9
Other skin diseases	....	....	....	....	....	....	21
Minor ear defects (aural wax etc).,	....	....	....	....	....	....	130
Minor eye defects	....	....	....	....	....	....	29
Miscellaneous conditions	....	....	....	....	....	....	154
Minor injuries	....	....	....	....	....	....	16
							<hr/>
Total							376

In 1950, 374 minor ailments were treated at the Clinic.

DEFECTIVE VISION

During the year 1951, the school ophthalmic work has been carried out by Dr. G. M. Barling, the Consulting Ophthalmologist of the Regional Hospital Board, at the Peterborough Memorial Hospital.

381 children suffering from errors of refraction (including squint) and 8 cases of blepharitis were referred by me to the Ophthalmic Surgeon during the year. Glasses were prescribed for 276 of these children, and by the end of the year some 226 children had received their spectacles.

Now that the nation-wide demand for glasses has largely been met, there has been a much shorter waiting period between the prescribing and obtaining of spectacles, and I do not remember having received any complaint about undue delay of children obtaining glasses during 1951. The complaints at the moment come from the parents of children who are overdue for re-examination by the Ophthalmic Surgeon, for, while there is no great delay in seeing new cases referred for examination, it has been found impossible to keep the re-inspections up-to-date, although where a special request is made for an early appointment for re-examination, I have received every co-operation from Dr. Barling.

29 children suffering from blepharitis were treated by me at the Minor Ailments Clinic during the year. These cases are not welcomed by the Ophthalmic Surgeon; the view held in the past, that these cases were often associated with some minor defect of vision, has apparently been amended. Results have been very satisfactory using the modern medicaments and I often wonder nowadays whether the glasses so often prescribed in the past played a passive part, acting only as a protection to the eyes, from the patients hands, for example. I had always been taught that the failure to provide glasses to correct minor defects of sight in these blepharitis cases was the common cause of this infection becoming chronic in character. The modern drugs do clear the condition up rapidly.

During the year, the Ophthalmic Surgeon has carried out many operative treatments for the condition of squint in children. Following many of these up has been a great pleasure, as it is quite often phenomenal how these children 'blossom out', not only scholastically but in their day-to-day life, removal of the defect often giving them better relations with children and family.

DEFECTS OF NOSE AND THROAT

Care is taken to see that no child is referred for operative treatment unless absolutely necessary, the emphasis being placed on conservative treatment. This is in accordance with the recommendations of the Ministry of Education.

167 children were found to require treatment for defects of nose and throat among those examined in the routine age groups. 4 children examined as "Specials" were also referred for treatment. In addition 271 pupils examined at routine inspections and 7 examined as "Specials" required to be kept under observation for enlarged tonsils and adenoids.

During the year 291 children received operative treatment for adenoids and chronic tonsillitis, and 6 received operative treatment for other nose and throat conditions, viz., bilateral intranasal antrostomy (2), modified submucous resection (1) manipulation of nose (1), incision of cyst (1) and removal of polypi (1). In addition four children received operative treatment for diseases of the ear (mastoidectomy) during the year. Most of the children were treated at the Peterborough Memorial Hospital, but some were admitted to the Stamford and Rutland General Hospital.

I should here like to say that I have received every assistance from Mr. A. A. Finlayson, the E.N.T. Surgeon, and I express my thanks to him for his valued co-operation and interest.

There is still a large number of children from the Soke of Peterborough awaiting operative treatment for enlarged tonsils and adenoids.

Royal Life Saving Society Awards.

				1950	1951	Including
Intermediate Certificates	....	....	....	21	34	Grammar School
Bronze Medallion	....	....	....	12	55	
Bar to Bronze Medallion	....	....	....	2	5	
Award of Merit	....	....	....	nil	3	
Instructors Certificate	....	....	....	1	5	

The Organisers of Physical Education feel that this is a very valuable branch of Physical Education, and that it should receive every encouragement.

GAMES AND ATHLETICS

Games training takes place at least once a week throughout all the schools in which the aim is to give every child some skill and confidence. Inter-school matches at cricket, netball and football, and boxing competitions leagues are arranged by the Schools' Sports Association and the teachers spend many out-of-school hours on these. The Association also organises the inter-Schools Athletic Sports in which interest is increasing annually.

I. H. HINDS
G. F. LUMLEY.

CHILD GUIDANCE

Although there is no Child Guidance Clinic maintained by the Education Authority, I have experienced no difficulty in dealing with the few cases which have come to my notice.

The Medical Superintendent of Rauceby Hospital holds weekly clinics at the Peterborough Memorial Hospital (chiefly for adults) and has very kindly seen several children; others have been seen by the Area Psychiatrist of the Regional Hospital Board on his visits to Peterborough. (Dr. Sharp).

One badly maladjusted boy was admitted for a time to Mapperly Hospital, Nottingham, where a diagnosis of paranoid schizophrenia, behaviour disorder was made. There has been little or no improvement in the boy's condition since his discharge from Mapperly Hospital, and he has since been seen by the Medical Superintendent of Rauceby Hospital, who thinks the diagnosis very unlikely to be paranoid schizophrenia, but rather the results of insecurity.

Another maladjusted boy was admitted to Bourne House Hostel, where he made extremely good progress and won a scholarship to a Secondary (Grammar) School in Peterborough—which school he is now attending.

SPEECH THERAPY

The demand for speech therapy is increasing and the appointment of a full-time Speech Therapist has supplied a long felt need. As many as 111 children were treated at the Speech Therapy Clinic during the year.

Correct understandable speech is essential for the true expression of a child's thoughts, but so often a brilliant child is handicapped by defective speech, and this may lead to a situation which could easily be detrimental to the child's progress.

The report of Miss Halley, the Speech Therapist, is appended :—

“During this year the Speech Therapy Department of the School Medical Service has grown and established itself. 123 children were referred to me with various speech defects, and their progress is tabled beneath :—

<i>Type of Defect</i>	<i>No. referred</i>	<i>No. under treatment</i>	<i>No. under observation</i>	<i>No. discharged</i>	<i>No. left School</i>
Stammering	33	12	10	10	1
Dyslalia	76	31	18	20	7
Cleft Palate Speech	4	—	3	1	—
Excessive Nasality	2	1	—	—	1
Insufficient Nasality	3	—	—	3	—
Dysphonia	1	—	—	1	—
Spastic Paralysis	4	3	—	—	1
Totals	123	47	31	35	10

A further ten children have not attended the appointment made for them. The 31 children under observation no longer attending regular treatments because they have made satisfactory progress, and are seen only occasionally.

Most of my work has been carried out at the Clinic in the Town Hall, but I have held one session a week at the Village College, Glington, and two sessions at the Dogsthorpe-Newark School. The latter clinic was opened in September 1951.

All the children have received individual treatment. Although I feel that group treatment would sometimes be advantageous to children who stammer, the School Medical Officer holds the view that, as long as numbers enable individual treatment to be given, then such ensures the very best attention to each child.

I am most grateful to the four firms in Peterborough who have very generously donated money to make it possible to order a recording machine and I am looking forward to the time of delivery when it will be in daily use in the Clinic.

I wish to thank all those who have co-operated with me for the promotion of speech therapy in the Soke of Peterborough.

SYLVIA HALLEY, L.C.S.T."

HANDICAPPED PUPILS

Under the Education Act, 1944 the Local Education Authority is responsible for ascertaining handicapped children from the age of two years.

Handicapped children are those suffering from disability of mind or body to such an extent that they require education by special methods. Eleven categories of such children are specified in the Regulations. This educational treatment must, in certain cases, be carried out in special schools; in other cases it is sufficient if special apparatus is provided or particular attention given at the local school. Blind or epileptic children must be sent to a special residential school.

It has become impossible to find accommodation for educationally subnormal children in special schools, and it is many years since such a child from this area was admitted to such a school. Unless the Joint Board find it possible to set aside one of the smaller schools in the city for this type of child, I cannot see that any accommodation will ever be found for them in special schools outside the County.

Although there is no open-air school for delicate pupils in the Soke of Peterborough, no difficulty is experienced in finding accommodation for these children in residential schools outside the County, particularly at Port Regis open-air School, and Holy Cross open-air School, Broadstairs. The good work of these schools is very worthy of praise. Although delicate children on arrival at Broadstairs, many parents can vouch with me to their sturdy health on their return to this Midlands town.

The following Table shows the number of handicapped pupils on the Register during the year 1951 :—

Blind or Partially Blind	....	....	....	....	....	4
Other visual defects	....	....	....	....	....	2
Deaf or Partially deaf	....	....	....	....	....	5
Delicate	....	....	....	....	....	44
Diabetic	....	....	....	....	....	2
Epileptic	....	....	....	....	....	1
Educationally Subnormal	....	....	....	....	....	13*
Maladjusted	....	....	....	....	....	5
Physically Handicapped	....	....	....	....	....	28
Total	....	....	....	....	....	104

At the end of 1950 ninety-two children were on the Register.

* This figure is not a true statistic of the number of such pupils in the area. Where vacancies for special education are few, any further ascertainments only disturb the child, parents and teachers. The thwarting of one's efforts, by inability to gain admissions to these special schools, cause medical officers to leave the children in the ordinary school.

SPECIAL SCHOOLS

Three of the four blind children are being educated at Dorton House School, Bucks, and the fourth is at the Royal Blind School, Sheffield.

One deaf boy is being educated at the Royal School for the Deaf, Derby.

Twenty-nine delicate children were in residential Open-air Schools during the year, viz. ;—

Port Regis Open-air School, Broadstairs	....	....	....	14
Holy Cross Open-air School, Broadstairs	....	....	....	7
St. John's Open-air School, Woodford Bridge	....	....	....	4
St. Patrick's Open-air School, Hayling Island	....	....	....	2
Oak Bank School, Seal, Sevenoaks	....	....	....	1
Hamilton House School, Seaford	....	....	....	1

Four children were awaiting admission to special residential schools for delicate children at the end of the year, and were admitted early in 1952.

Two children suffering from pulmonary tuberculosis were in residence at the Children's Sanatorium, Kelling, during the year.

One diabetic boy was maintained at Hutton (L.C.C.) Residential School, near Brentwood, Essex, and another boy was at St. George's Hostel, Kersal, Lancs.

Four maladjusted children received institutional treatment during the year. One boy, aged 10, who was formerly at the Hill Orchard School, Meriden, Warwickshire was transferred to Exhall Grange Special School, Warwickshire on 10.9.51. A boy aged 11 was admitted for a short time to Bourne House Hostel, and another boy aged 10, received treatment for five weeks at Mapperley Hospital, Nottingham. A girl aged 10, who was admitted in 1950 to the Hostel for Maladjusted Children, Colne Cottage, Cromer, was discharged on 1.8.51.

Owing to the difficulty in finding accommodation, no educationally subnormal children were maintained in special schools during 1951.

Of the children classified as physically handicapped, one girl was being educated during the year at the Palace School for Severely Crippled Girls, Ely. The future of this girl, who has reached the age of 16 years, is proving a problem, but every endeavour is being made to find a suitable occupation for her.

Four children suffering from spinal tuberculosis, and one boy with Perthe's disease were at the Manfield Orthopaedic Hospital, Northampton (or at the Convalescent Home attached thereto) during the year. One girl suffering from post-poliomyelitis was also treated at the Manfield Orthopaedic Hospital, and another post-poliomyelitis case (a girl) was treated at the Royal National Orthopaedic Hospital Special School, Middlesex, and a boy aged ten was treated at Addenbrooke's Hospital.

One girl suffering from rheumatic carditis was admitted to the Children's Heart Hospital, West Wickham, during 1951.

One boy aged 7 suffering from hare lip was operated on at St. Alban's Hill End Hospital Special School.

Further efforts were made to persuade the parents of a boy suffering from Little's Disease to accept a vacancy offered for him at Hesley Hall School, but they remained obdurate.

CO-OPERATION WITH TEACHERS, PARENTS AND DOCTORS

The school medical service cannot run smoothly unless there is the closest co-operation with teachers, parents, and the general practitioners, and I am glad to say that such co-operation is forthcoming in this area.

The teaching staff have an important part to play in the arrangements for school medical inspections, particularly in bringing to the attention of the school medical officers pupils who have not been making satisfactory progress at school, those who are thought to be delicate, and by ensuring at the medical inspection a smooth organisation, arranging that the children are ready for examination when required.

Separate medical inspection rooms are provided in the new schools, which greatly facilitate the work of medical examination. In the smaller schools, although the school medical officers try to avoid disturbing the school routine, some dislocation is inevitable. I should like to record my appreciation of the co-operation and assistance I have received from the teachers, and to express my thanks for the help they have given.

Every effort is made to obtain the co-operation of the parents. Letters are sent from my office to the parents of all children due for examination, usually a week in advance, telling them of the exact time and place of the inspection, and inviting their attendance. In the case of "Entrants", they are asked to give information as to the medical history of the child and family as required on the new medical inspection cards. Practically no parents objected to giving this information, and 65% of them attended the medical examination of their children (compared with 61.8% in 1950).

There were very few refusals on the part of parents to allow their children to be medically examined, and in these cases a letter was sent pointing out that medical inspection of school children is compulsory. This always resulted in the child being brought up for examination by the school medical officer.

Where it was suspected that a child had been deliberately kept away from school on the medical inspection day to avoid examination, a similar letter was also sent to the parents.

With very few exceptions, the co-operation of the parents has been excellent.

75 boys and 83 girls (a total of 158) were absent from school on the day appointed for their examination, compared with 190 children absent last year. Their absence was due in most cases to illness or infectious disease. Children who miss inspection at one visit are brought forward for examination at the next.

I am most anxious to obtain the co-operation of general practitioners in dealing with school children, and I think the doctors realise now that the school health service can help in several ways; for example, in the provision of special residential schooling for delicate and other handicapped children, in providing speech therapy, child guidance and other specialised clinic services. I make a point to communicate with the general practitioners either by letter or telephone in the case of children requiring treatment, and every endeavour is made to get general practitioners to refer all cases that would benefit by the school health service, so that they can commence treatment or special education as soon as possible.

Close liaison is maintained with the Consultants at the Peterborough Memorial Hospital, and during the year I have received copies of letters they have addressed to the general practitioners regarding school children referred to them by the child's own medical attendant. This is most useful, and as the letters are filed with the child's school health card a complete record of the child's medical history is available to the school medical officers.

In a small area such as this, where there is close personal liaison between the maternity and child welfare service and the school medical service, physically and mentally handicapped children are usually known to me before they reach school age.

Again, it is the practice, when a child reaches school age, for his infant welfare card to be filed with his school medical card, to keep a complete record of the medical history from birth.

VACCINATION AND DIPHTHERIA IMMUNISATION

A note is made on each child's medical inspection card as to whether vaccination and diphtheria immunisation has been carried out.

The figures with regard to vaccination are again disappointing, only 772 of the 2844 children examined in the routine age groups, or 27.1%, having been vaccinated, compared with 21.2% in 1950.

The figures with regard to diphtheria immunisation are better, but are not so good as last year. 1710, or 60.1% of the 2844 children examined had been immunised, compared with 64% in 1950. In the County as a whole, 69.0% of the children between the ages of 5—14 years had been immunised.

It is satisfactory to record that, for the second year in succession, no cases of diphtheria were notified in the County.

CAREERS FOR OUR CHILDREN

In view of the discussion which arose following my publication of what careers had been chosen by many children in my last Annual Report, I feel that it would be better if I omitted this section this year. It is always of great interest to me to note how high are the ambitions of children, and, particularly with students, to note how often these ambitions are achieved. How one school compares with another in their ambitions for the future is also note-worthy, as I quite often find that children in one school have given little apparent thought to their future, while, in another, each appears to be pretty certain what course they mean to take.

SCHOOL DENTAL SERVICE

I append a report of Dental Inspection and Treatment of school children for the year 1951, as submitted by Mr. T. H. Roberts, to whom I am greatly indebted for his interest and co-operation:—

“Report of Dental Inspection and Treatment of School Children for the year 1951.

This is my third consecutive Annual Report. Unfortunately, no assistant dental officer has been appointed.

The school population is nearly 9,000, and it is taking me nearly 3 years to complete the inspection and treatment of all the schools. Owing to the long interval between dental inspections, it is found that more extensive treatment is required by each child. To maintain an efficient service, each child should be inspected and offered treatment, at least, once a year. It is to be regretted that an assistant has not yet been appointed, as, meantime, the dental health of the children is suffering.

Dr. Merlay Thomas resigned as part-time anaesthetist on December 31st, after finishing one complete year, owing to pressure of work in his private practice. He has been of great help during the year.

Dr. Inglis takes his place from January 1st, 1952.

The following schools were inspected during the year.

<i>City Schools</i>	<i>Soke Schools</i>	<i>Grammar Schools</i>
Queen's Drive Infants	Arthur Mellows Village College	King's
Eastholm Senior Girls	Eye Junior	County (part)
St. Mary's Infants		
Eastholm Junior		
Woodston Junior		
St. Mark's Junior Boys		
New Fletton Infants		
Orchard St. Senior (part).		

The following figures and remarks amplify the Statistical return required by the Ministry of Education.

Between 9.0 a.m. and 10.0 a.m., is set aside for the treatment of "Specials", chiefly children suffering from toothache. 507 Specials were treated during the year and they paid 667 visits to the Clinic. 3221 children were given Routine inspections, and with the 507 Specials, make a total of 3728 inspected. Of this total, 3024 (81%) required treatment, of these 2560 (84%) were referred for treatment, and 2401 (93%) were actually treated. These 2401 paid 4062 visits to the clinic for treatment. There were 2179 Permanent teeth filled and they had 2366 fillings put in them. As will be seen from the foregoing, several teeth had more than one filling, as decay had appeared on different sides of the teeth.

The ratio of Permanent teeth filled to Permanent teeth extracted = $2179 : 315 = 7 : 1$, and of these 315 Permanent teeth extracted, 13 of them were sound, but were extracted because of overcrowding. There were also 85 sound temporary teeth extracted because of overcrowding. The 698 other operations in Permanent teeth consisted of Scalings (Cleaning teeth) 340 and orthodontic treatments, gum treatment, and Zinc oxide dressings in large cavities in Permanent teeth after having all the carious dentine (decay) removed previous to filling 358.

The 512 dressings in temporary teeth consisted of treatment with a solution of silver nitrate, which hardens the decay, and so saves the teeth from being extracted.

There were 3 new orthodontic cases started during the year. 8 partial dentures were supplied. These cases are invariably the result of accidents, the upper front teeth being fractured and needing extraction.

Children of pre-school age (under 5 years of age) were given treatment at the Clinic. 27 of these children paid 42 visits to the Clinic, and had 34 teeth extracted (23 teeth with local anaesthetics and 11 with General anaesthetics), 8 temporary teeth were filled, 29 temporary teeth treated with Silver nitrate solution, and there were 2 other operations.

5 children from other Local Authorities were given emergency treatment, and they had 7 temporary teeth extracted, and one was given advice.

535 mandibular injections were given, whereby the whole of one half of the lower jaw is completely anaesthetised, and the operation is painless. 281 children were given a General Anaesthetic (gas and oxygen) for the extraction of their teeth.

I gave 3 talks on Oral Hygiene to Senior schools during the year. 277 children were given Routine inspections at the Clinic and received treatment at the same time. Some of these children came as Specials, and others were sent by the medical officers. They were children from schools which had not been inspected during the year. These figures are included in the 3221 children inspected (1a) during the year. The average number of children inspected at each session is 143, which is a good average, considering that most of the sessions were $\frac{1}{2}$ sessions, starting at 10.30 a.m. and finishing at noon. Up till 10 a.m., Specials were being treated at the Clinic. In the case of Infant Schools, the inspection sessions were in the afternoons, and the mothers were specially invited to attend. 401 mothers attended these inspections, and the whole dental scheme was explained to them individually, and also the condition of the child's mouth, and any advice given. This meant that only 60 children could be inspected at each session, but the acceptance rate was very good.

Number of children given Routine inspections, in each age group.

Age	—5	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
No.	76	270	272	265	290	227	228	347	405	356	242	133	48	38	24	3221

The average for each treatment session was :—

9 children treated, 6 teeth extracted,
5 fillings and 3 dressings.

I wish to thank the Medical Officers, Head Teachers, and Nurses for their able co-operation, which has been a great help in the success of the scheme.

I also wish to acknowledge the help of Miss Allen, Dental Attendant, in the completion of the Statistics for this Report.

T. H. ROBERTS
Senior School Dental Officer.

23rd January, 1952."

CONCLUSION

I should like to record my thanks to the Special Services Sub-Committee for their interest in the school medical work, and to acknowledge the ready co-operation of the Chief Education Officer and his staff, the Head Teachers, and all who have helped to maintain an efficient School Health Service.

Finally, I express my thanks to my own staff, nursing and clerical, for their keenness and enthusiasm. I do feel the team spirit is very high, with one aim in view—a healthy child population.

I have the honour to be

Your obedient Servant,
GEORGE NISBET.

County Medical Officer.
School Medical Officer,
Joint Education Board.

County Council Offices,
Bridge Street,
Peterborough.

APPENDIX

MEDICAL INSPECTION AND TREATMENT RETURNS

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

(A) Periodic Medical Inspections.

Number of Inspections in the prescribed Groups :—

Entrants ....	....	....	....	....	....	....	....	....	1,321
Second Age Group	790
Third Age Group	733
							Total	2,844

Number of Other Periodic Inspections	—
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GRAND TOTAL	2,844
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(B) Other Inspections.

Number of Special Inspections	106
Number of Re-inspections	239
						Total	....	345

(C) Pupils found to Require Treatment.

Number of Individual Pupils found at Periodic Medical Inspections to Require Treatment (excluding Dental Diseases and Infestation with vermin).

<i>Group</i>	<i>For defective vision, (excluding) squint</i>	<i>For any of the other conditions recorded in Table II</i>	<i>Total Individual Pupils</i> (i) (ii) (iii) (iv)
(i)	(ii)	(iii)	(iv)
Entrants	23	368	380
Second Age Group	49	107	150
Third Age Group	47	91	131
TOTAL (prescribed groups)	119	566	661
Other periodic inspections	—	—	—
GRAND TOTAL	119	566	661

TABLE II.

(A) Return of Defects found by Medical Inspection in the Year ended 31st December, 1951.

<i>Defect Code No.</i>	<i>Defect or Disease.</i>	<i>Periodic Inspections. Number of Defects</i>		<i>Special Inspections. Number of Defects</i>	
		<i>Requiring treatment.</i>	<i>Requiring to be kept under observation, but not requiring treatment.</i>	<i>Requiring treatment.</i>	<i>Requiring to be kept under observation, but not requiring treatment.</i> (i)(ii)(iii)(iv)(v)
	(i)	(ii)	(iii)	(iv)	(v)
4.	Skin	52	6	3	—
5.	Eyes—				
	(a) Vision	119	50	2	4
	(b) Squint	37	48	1	4
	(c) Other	17	12	—	1
6.	Ears—				
	(a) Hearing	6	10	3	1
	(b) Otitis Media	13	17	1	—
	(c) Other	139	47	5	1
7.	Nose or Throat	167	271	4	7
8.	Speech	37	31	10	6
9.	Cervical Glands	13	49	1	—
10.	Heart and Circulation	1	27	—	1
11.	Lungs	23	56	1	—
12.	Development—				
	(a) Hernia	9	29	—	1
	(b) Other	7	43	—	—
13.	Orthopaedic—				
	(a) Posture	29	47	—	1
	(b) Flat foot	89	123	1	1
	(c) Other	42	100	—	6
14.	Nervous System—				
	(a) Epilepsy	1	4	—	—
	(b) Other	2	4	—	1
15.	Psychological—				
	(a) Development	18	48	2	2
	(b) Stability	10	53	—	2
16.	Other	2	30	—	2

TABLE III.
INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	23,433
(ii)	Total number of individual pupils examined	6,791
(iii)	Total number of individual pupils found to be infested	207
(iv)	Number of individual pupils in respect of whom cleansing notices were issued— (Section 54(2), Education Act, 1944)	—
(v)	Number of individual pupils in respect of whom cleansing orders were issued— (Section 54(3), Education Act, 1944)	81

TABLE IV.

Group 1.—DISEASES OF THE SKIN.

				<i>Number of cases under treatment or treated during the year</i>	
				<i>by the Authority</i>	<i>otherwise</i>
Ringworm—	(i) Scalp	....	....	—	—
	(ii) Body	....	....	—	—
Scabies	....	....	....	17	—
Impetigo	....	....	....	9	—
Other skin diseases	....	....	....	21	—
	Total	....	....	47	—

Group 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

				<i>Number of cases dealt with</i>	
				<i>by the Authority</i>	<i>otherwise</i>
External and other, excluding errors of refraction and squint	....	....	....	29	8
Errors of refraction (including squint)	....	....	....	—	381
	Total	....	....	29	389
Number of pupils for whom spectacles were—					
(a)	Prescribed	....	....	—	276
(b)	Obtained at end of year	....	....	—	226

Group 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

				<i>Number of cases treated</i>	
				<i>by the Authority</i>	<i>otherwise</i>
Received operative treatment—					
(a)	for diseases of the ear	....	....	—	4
(b)	for adenoids and chronic tonsillitis	....	....	—	291
(c)	for other nose and throat conditions	....	....	—	6
Received other forms of treatment	....	....	....	130	—
	Total	....	....	130	301

Group 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a)	Number treated as in-patients in hospitals. No accurate figures available, probably 70*.	
		<i>by the Authority otherwise</i>
(b)	Number treated otherwise, e.g., in clinics or out-patient departments	— Probably 12*

* Nearest Orthopaedic Surgeon can give.

Group 5.—CHILD GUIDANCE TREATMENT.

	<i>Number of cases treated in the Authority's Child Guidance Clinics elsewhere.</i>	
Number of pupils treated at Child Guidance Clinics*	—	1

* Several other children seen by Psychiatrists but not treated.

Group 6.—SPEECH THERAPY.

	<i>Number of cases treated by the Authority otherwise</i>	
Number of pupils treated by Speech Therapists	111	1

Group 7.—OTHER TREATMENT GIVEN.

	<i>Number of cases treated by the Authority otherwise</i>	
(a) Miscellaneous minor ailments	154	—
(b) Other than (a) above	—	—
Minor injuries	16	—
Total	170	—

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers :—	
	(a) Periodic age groups	3,221
	(b) Specials	507
	Total (1)	3,728
(2)	Number found to require treatment	3,024
(3)	Number referred for treatment	2,560
(4)	Number actually treated	2,401
(5)	Attendances made by pupils for treatment	4,062
(6)	Half-days devoted to : Inspection	26
	Treatment	459
	Total (6)	485
(7)	Fillings : Permanent teeth	2,366
	Temporary teeth	46
	Total (7)	2,412
(8)	Number of teeth filled : Permanent teeth	2,179
	Temporary teeth	46
	Total (8)	2,225
(9)	Extractions : Permanent teeth	315
	Temporary teeth	2,590
	Total (9)	2,905
(10)	Administration of general anaesthetics for extraction	281
(11)	Other operations : Permanent teeth	698
	Temporary teeth	512
	Total (11)	1,210